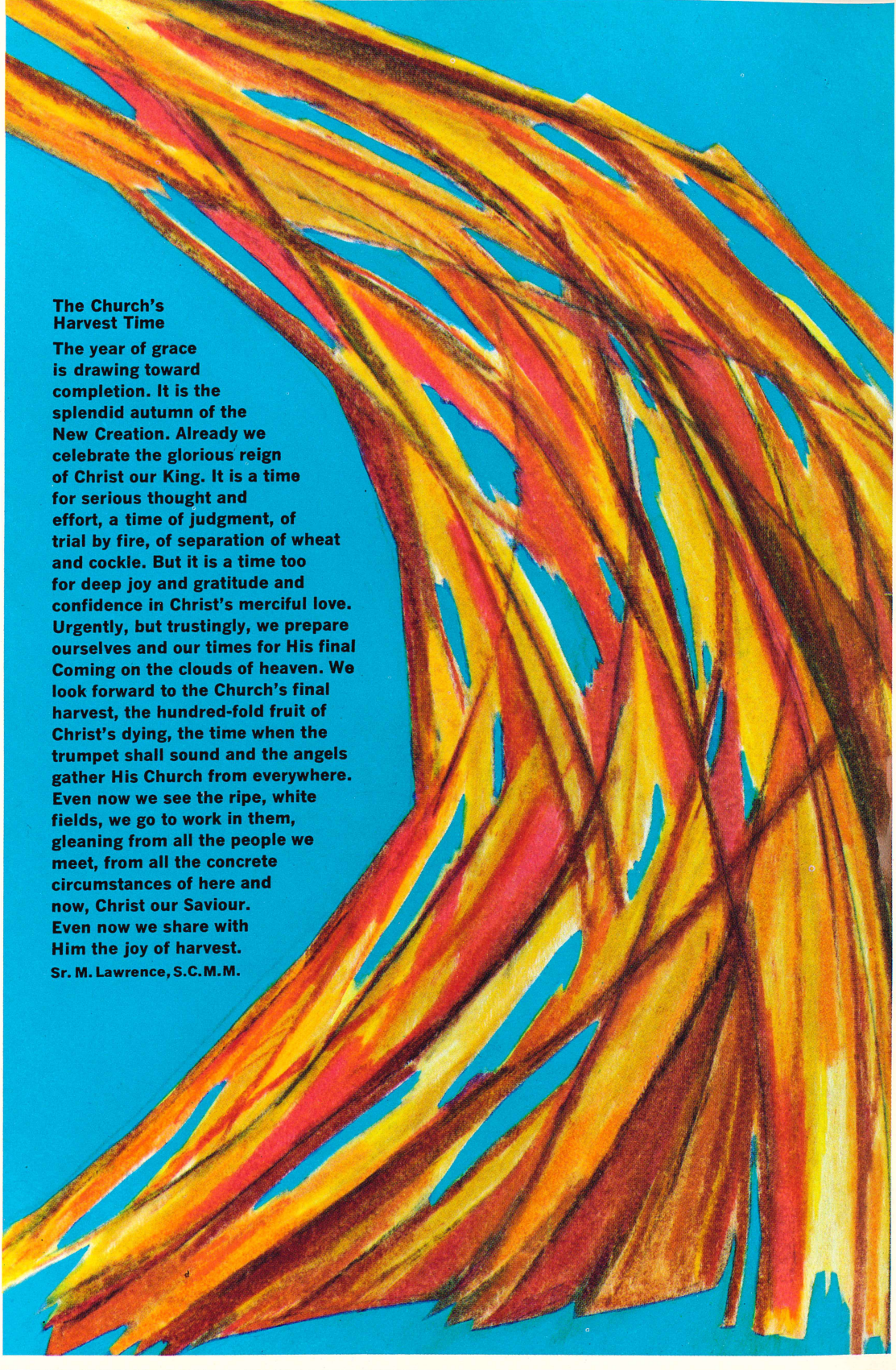
SEPTEMBER-OCTOBER, 1964

medical missionary



The Church's Harvest Time

The year of grace is drawing toward completion. It is the splendid autumn of the New Creation. Already we celebrate the glorious reign of Christ our King. It is a time for serious thought and effort, a time of judgment, of trial by fire, of separation of wheat and cockle. But it is a time too for deep joy and gratitude and confidence in Christ's merciful love. Urgently, but trustingly, we prepare ourselves and our times for His final Coming on the clouds of heaven. We look forward to the Church's final harvest, the hundred-fold fruit of Christ's dying, the time when the trumpet shall sound and the angels gather His Church from everywhere. Even now we see the ripe, white fields, we go to work in them, gleaning from all the people we meet, from all the concrete circumstances of here and now, Christ our Saviour. Even now we share with Him the joy of harvest.

Sr. M. Lawrence, S.C.M.M.

THE medical missionary

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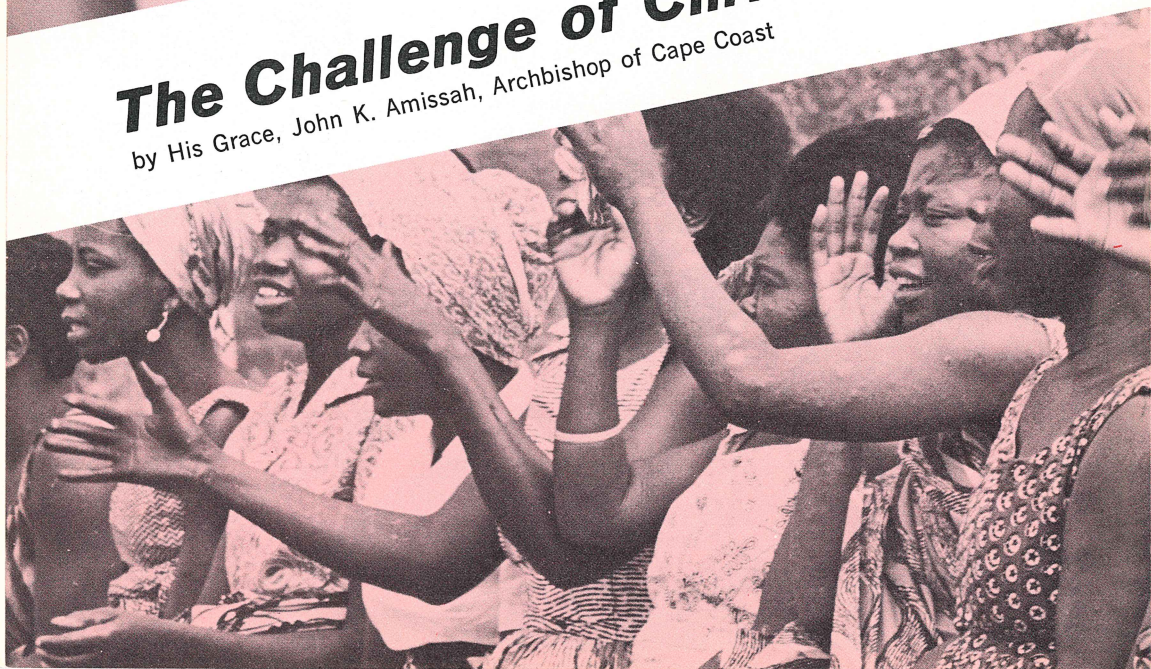
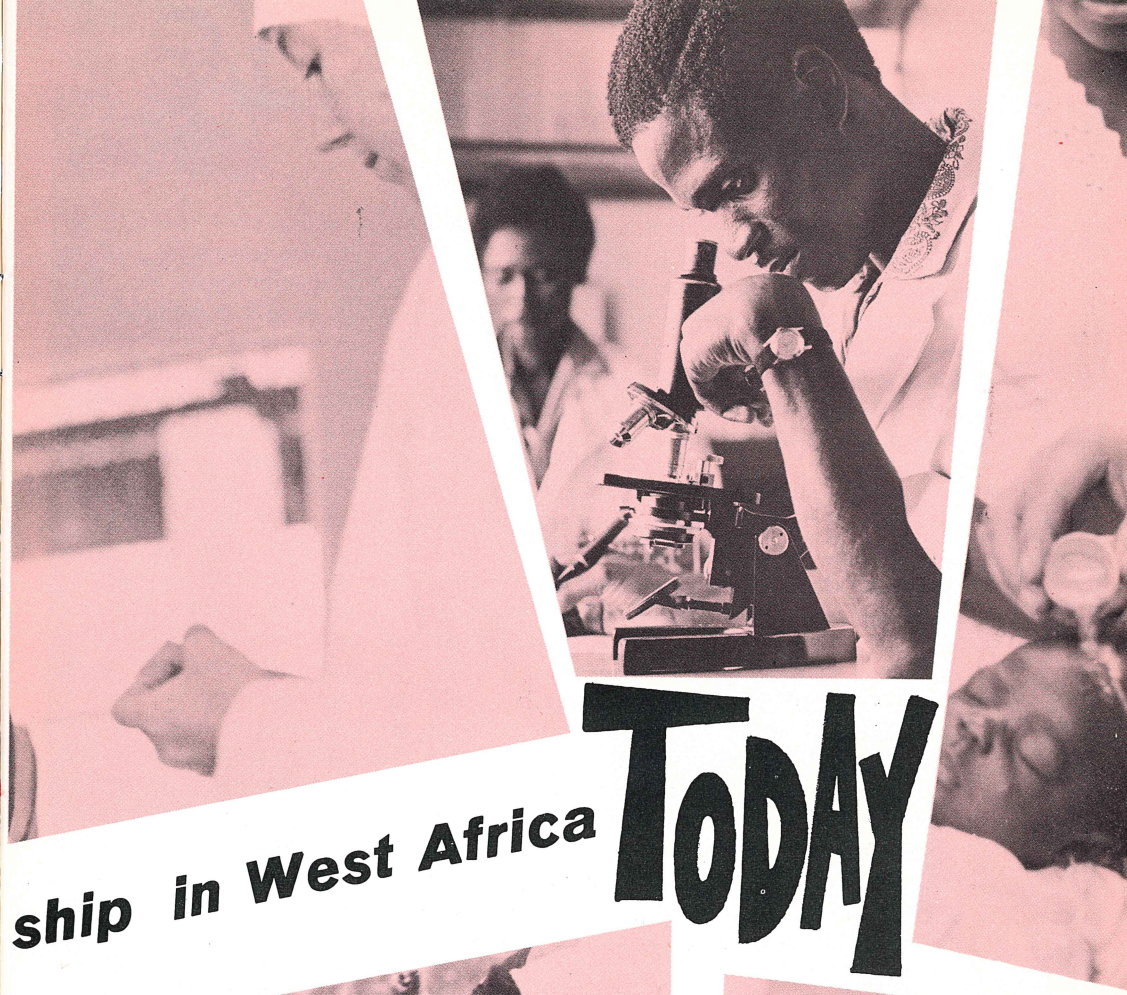
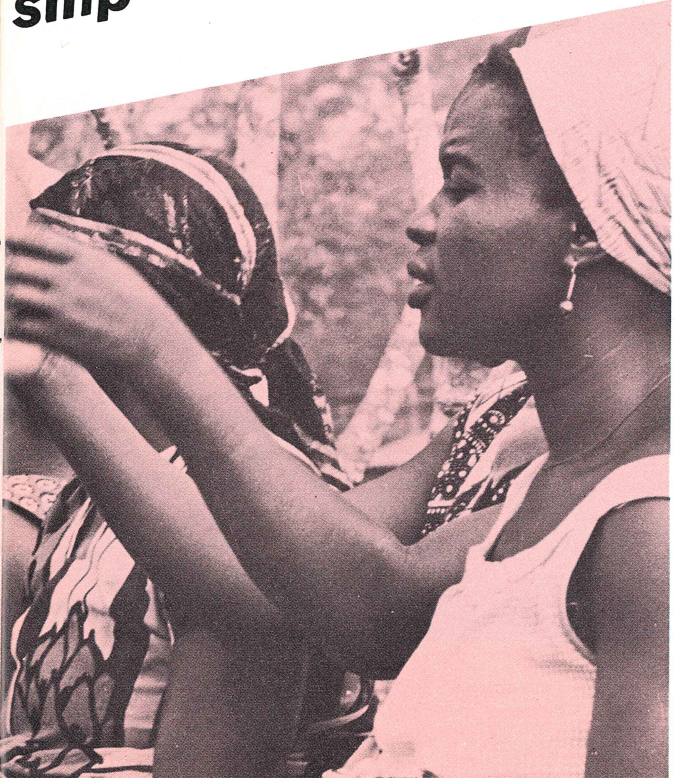
The Challenge of Christian Leader

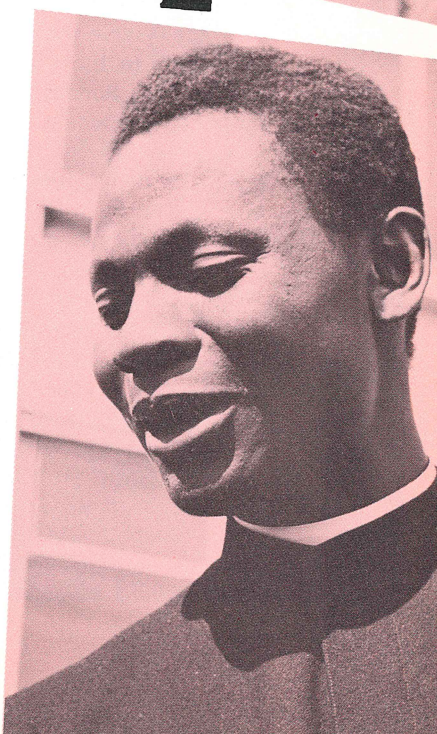
by His Grace, John K. Amissah, Archbishop of Cape Coast



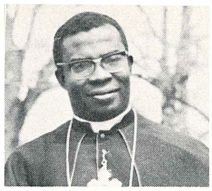


ship in West Africa TODAY





Archbishop John K. Amissah



Ghana's first Bishop, and a fluent speaker, Archbishop John K. Amissah of Cape Coast, himself a leader of the Catholics in Ghana, recently visited the Medical Mission Sisters' Provincial House in Philadelphia and very ably and aptly answered questions on the Challenge of Christian Leadership in Ghana Today.

Q. In a new nation that is developing as quickly as Ghana, many changes are taking place in many spheres. The Church in Ghana is also affected by these changes and must keep pace with them. Would you say, Your Grace, that one of the Church's greatest needs today is Christian leaders in all fields of endeavor?

A. Yes, indeed, but I would like to clarify those two words "Christian leaders." By "Christian" I do not mean one merely baptized into the Church. I mean one who, besides having the gift, or grace, of Faith really understands this invaluable gift, and has a truly convincing knowledge of it. I mean one who does not reserve the practice of his religion only to the Churches, and to a few hours on Sundays and holy days of obligation, but one who makes a seven-days-a-week, or rather 168-hours-a-week, job of his Christianity and this, wherever he finds himself at any particular time. I mean one who puts into practice the following Gospel text for a Christian: "Whether you eat or drink or whatever else you do—including even sleeping and all our civic and social duties—do all for the glory of God." (Col. III, 17.) In other words, men, who by their way of living would regularly and constantly work for this glory of God and for its expansion into the lives of their neighbors. That is what "Christian" connotes for me.

And now whom do I refer to as "leaders"? I do not restrict the term to only a head of state or region, etc., but, besides these, extend it especially to any one who, in whatever work or sphere of life he finds himself, is looked up to for leadership and guidance in working for the true progress of the country and for the real good of his fellow-citizens. Hence I would say "Christian leaders" in all fields of endeavor are those who permeate whatever they do with a practical Christianity, and promulgate in deeds, not merely in empty words and by lip service, the Christian Faith, Christian principles and especially the social teaching of the Church. These are the Christian leaders Africa needs today. To produce such leaders is the great challenge flung at the Church and her leaders in Africa today. But it is a challenge actually for the whole Christian world. Will this gauntlet be picked up or not—that is the big question. It must.

Q. Your Grace, the whole Catholic world took notice of the fact that the African Bishops were so united and made such an impact at the Vatican Council. Would you make any statement with regard to the role of leadership of the African Catholic Bishops on the African Continent as a whole? Is the impact of leadership being felt?

A. It is true that in Rome the African Bishops came together as a whole but not since then. Consequently, one could not say that we are wielding an influence as a whole on the entire Continent but it does not mean that the influence is not there. The influence is there, not coming as from one group, but the individual influence of individual bishops in different parts of Africa taken together forms an impact on the Con-

Training and Christian principles help to make good citizens for the New Ghana. In the pharmacy of Holy Family Hospital, Techiman, Sister M. Theodore gives just that helping hand that's needed for the formation of Ghanaian leaders.

tinent as a whole because each bishop in his own territory has a great deal of influence on his own people and the government.

Q. What is the image of the Church in Africa today?

A. If you mean by that, what do the people think of the Church in Ghana today, I would say, first of all, that the ordinary man has great respect for the Church and realizes that the Church is doing good not only in the religious sphere but especially in the social and health fields. The people have great confidence in the Church to promote the general welfare of the country as a whole, and if there is some good they want from the government, they frequently look to the Church to bring it to the fore. The government ministers too, recognize the contribution of the Church in the educational, social and medical fields. Only recently one told me so personally. In short, the image of the Church, one could say, is that of a body of people who can be trusted and with whom the government has to reckon.

Q. In Ghana's traditional kinship society, the Chief held a sacred and religious position with regard to both government and leadership of the tribe. Is this sacred character in a sense taken over or carried over into the authority of political and national leaders in Ghana today?

A. The religious aspect of the Chief's leadership is almost entirely gone. In the village it is still strong among the pagans but not among the Christians, and those who have been to school. I don't see how the ordinary man could give this over to the government leaders whom they know are simply elected.

Q. What influence has a growing nationalism and secularism had on Ghanaian Catholics?

A. There is no doubt about it, secularism is having its bad influence on us as in all parts of the world. Nationalism —well, any government that is objective in its thinking, has to admit that Catholics give real loyalty to Christ, and at the same time, loyalty to their country. Where they see that Catholics are good citizens, it is obviously because of their training and Christian principles. When the government wants anyone to fill a post of real responsibility, it is very often a Catholic who is chosen. In this way, their Christian leadership can be seen by all.

Q. What in your opinion is the greatest obstacle to the leadership of the Church in Ghana today?

A. Marxism, communism. The people seem so open to truth, one wonders would the Church make such progress without these obstacles of materialism, secularism, communism. Perhaps they are helping. We can't complain of lack of progress. Thanks be to God we have kept our Catholic 10% of the population in spite of the fact that the population is fast increasing. On the other hand the number of our missionaries is dwindling and yet we have managed to keep the Catholic population at 10% of the whole. That's great progress when you remember that the first missionaries only came here in 1880.

Q. Has the Ghanaian clergy a definite role to play in Christian leadership in the country today?

A. Almost 25% of the clergy working in Ghana today are local clergy. Actually the people look up to them and the catechists also, who take the place of the clergy are highly respected by their own groups. Thus the clergy in their small measure, proportionately, wield the same influence as the Church as a whole in Ghana. Considering the amount of secularism that is rampant today we are grateful to God for the number of vocations.

Q. Are Catholics in Ghana today propagating the social doctrine of the Church?

A patient at Kokofu who has helped herself by learning to prepare sterile packs will help others by using and passing on the skill she has acquired.

A. Concerning the social works of the Church we would certainly like to see the Catholics doing more. However, you cannot propagate something which you don't know yourself. We must teach our people more about the social doctrine of the Church. We did have a "Church's Social Teaching Week" in our Archdiocese of Cape Coast, a whole week of instructions, and that seems to have made a great impression. Our difficulty is to make the people realize that Christianity is not only to be lived in the Churches but that it must permeate all their social life. We realize that much more needs to be done in this field.

Q. What about the medical mission apostolate in connection with the social works of the Church?

A. As to the impact of the medical mission apostolate, I must say, we are very grateful to the Medical Mission Sisters and to all the others, religious and lay, who came into this field. First, because more people are alive today because they came, and also because the Catholic medical missions usually work in places where for miles around there are no other hospitals. The people used to have to walk or ride on lorries 50 to 80 miles to get to a hospital before the Medical Mission Sisters came to Berekum. After they came, people started comparing the standard of their work with others; consequently, others had to improve because now the people demand more. And in your hospital at Berekum, you not only have a center of healing for the sick, but also a training center for eager young women to study nursing and midwifery. These will be future leaders among their own village people, we hope.

The volume of work in all fields of Christian social charity, work that would mean such a great deal for the improvement of the poor, medically, socially, economically, and spiritually, in whole districts of my Archdiocese cries to heaven for accomplishment. Yes, we need hundreds of leaders in all fields, and welcome all those who come from abroad.

HIS HAND SET IN ON ME

By Sister M. Philip

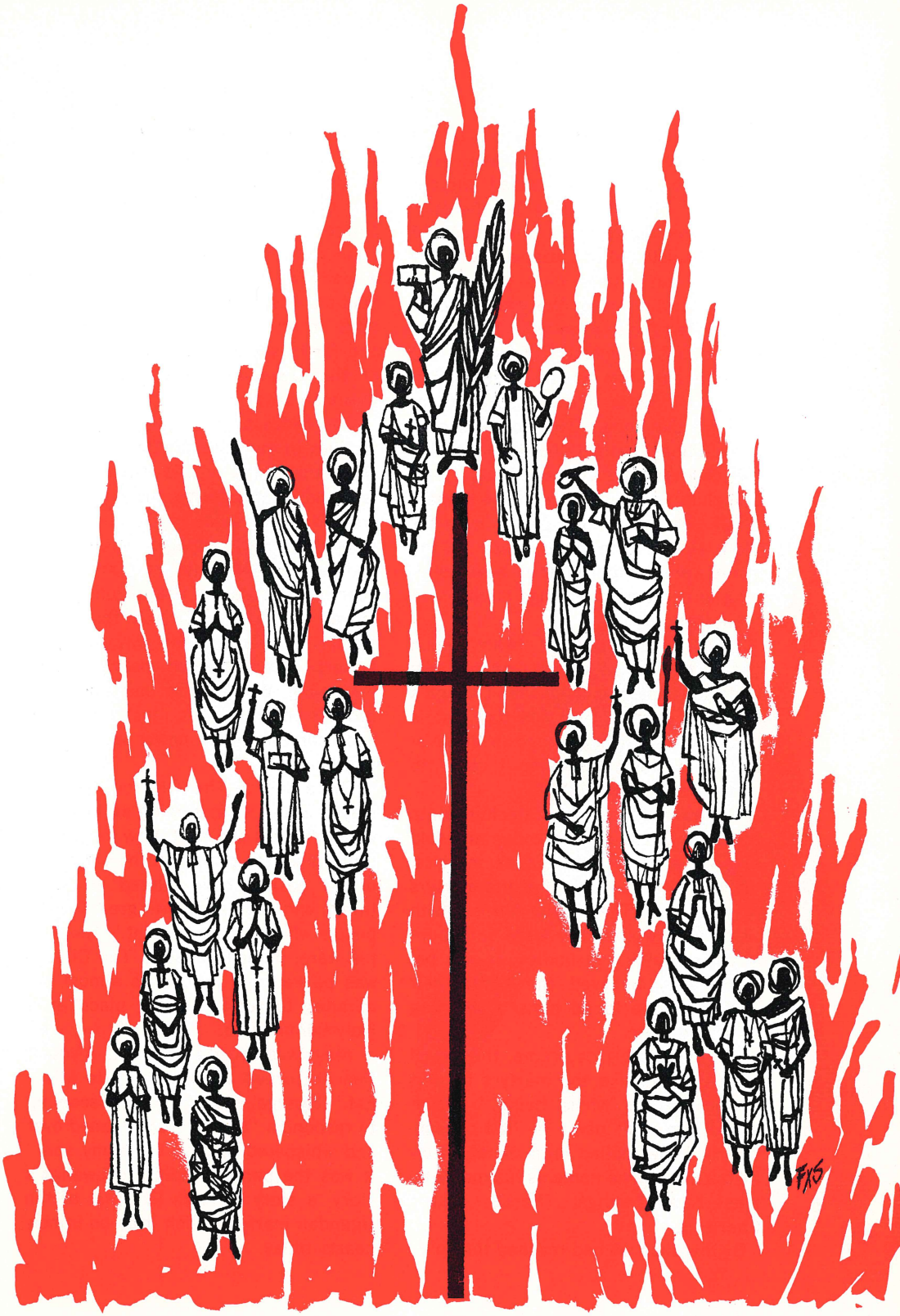
I tell of a beautiful afternoon and hundreds of people heading through banana plantations, on village roads, over the green hills and through the forests to celebrate a long awaited day. Practically all came on foot. All were dressed in their loveliest, brightest, Sunday clothes. Their church was to be dedicated this day . . . the Church of the Martyrs of Uganda.

Sister and I were walking too, walking to the Church, and as we moved along, an old man joined us. He was slightly stooped and walked with a stick, but his eyes were kind and peaceful as he began the traditional greetings. We returned them, asked his name and from where he had come. That was all Lwanga needed to get him started, in the manner of old people, to tell of his village and the "old days" there.

"Those were the days," he began, "when if a child were taken sick or a woman feared she might lose her unborn child, or a man were wounded or a young boy bitten by a snake—no matter what the calamity everyone turned to the witch doctor for help. His practice was to beseech the gods or sometimes, to apply charms and herbs. Some of his patients got better. Most of them died." Lwanga paused as if some of those who had died meant much to him.

"A man was afraid not to believe in the witch doctor in those days," our old friend continued. "It could mean the loss of his house and lands. Besides, there was security in believing just as the rest of the tribe did, and who would be willing to barter—not unless the pearl was right there to see and feel."

As Lwanga grew up, from time to time, a white-robed figure on a motorbike visited his village. He remembered listening to his words and more and more, the words of the white-robed man made him feel happy inside . . . happy, that is, until the witch doctor showed


MARTYRS OF UGANDA

all the villagers that the words of the missionary were not for them. How could the gods be appeased without sacrifice? How could they ask the gods to cure them when they treated them so?

As we listened to Lwanga, we hardly noticed that others were joining our group, until some of the younger children interrupted eagerly to ask if we knew about the martyrs of Uganda? Of their canonization which was to happen this year? Sister and I assured them that we did know. Their joy was ours too. Lwanga seemed hardly to notice the children and continued his story. The children fell silent with the respect all of Uganda's young people have for their elders. The older folks in the group were thoughtful, their heads nodding in agreement. Lwanga's story was their story.

"The disquietude of heart which comes to him on whom God has His hand soon set in on me," were Lwanga's beautiful words, "and one day I stole away from the village to go to the missionary Father. From him I came to know and love the Truth."

A new friend at the catechumenate added to Lwanga's knowledge and told him the story of the Uganda martyrs. "It was in those days that the martyrs went to die. They were burned with wood. Afterwards they were very pure in their hearts and bodies. It was because they believed the Lord, their God." Lwanga found himself yearning to be like them.

Finally, his big day came, the day of his Baptism. Like the martyrs he was "happy in his whole being." Father asked him what name he had chosen. "Karoli," he replied immediately. Now he bore the same name as his martyred ideal, Karoli Lwanga, (Karoli means Charles).

By this time we had reached the spot where all were to form a procession and move toward the new Church. Lwanga pointed to the old church built on the side of the hill, built in the days of his patron, Karoli. How many years it had taken to build the new Church and have it ready for this day, large and open to hold a thousand people. And best of all, right in the front for all from near and far to see, was a beautiful mosaic of the Ugandan martyrs done by a Ugandan artist.

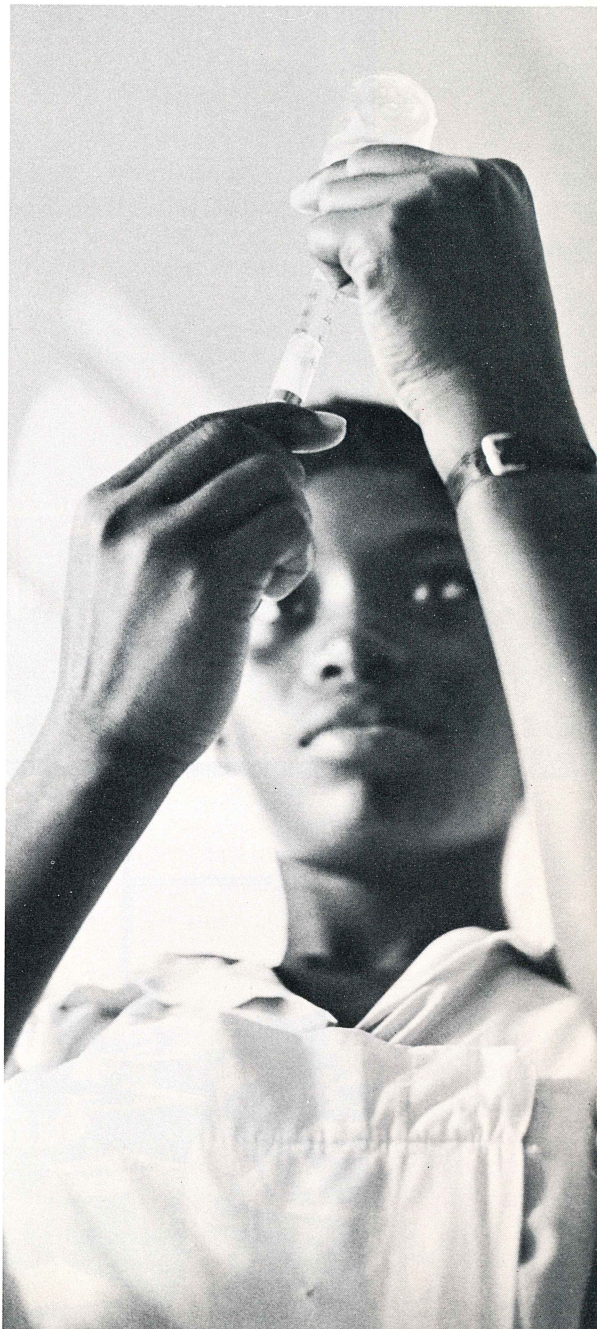
The procession formed . . . whole families in their Sunday best, Ugandan seminarians and priests, Ugandan Sisters and we missionary Sisters, prisoners and their guards from the local jail (they lead the singing!), young men and women—all with one mind and heart on this day of dedication. As we moved toward the Church the young school children led the way, carrying flowers and decorated palms before their King. Was this so unlike another procession of youths, just 78 years ago, carrying their newly won palms into heaven?

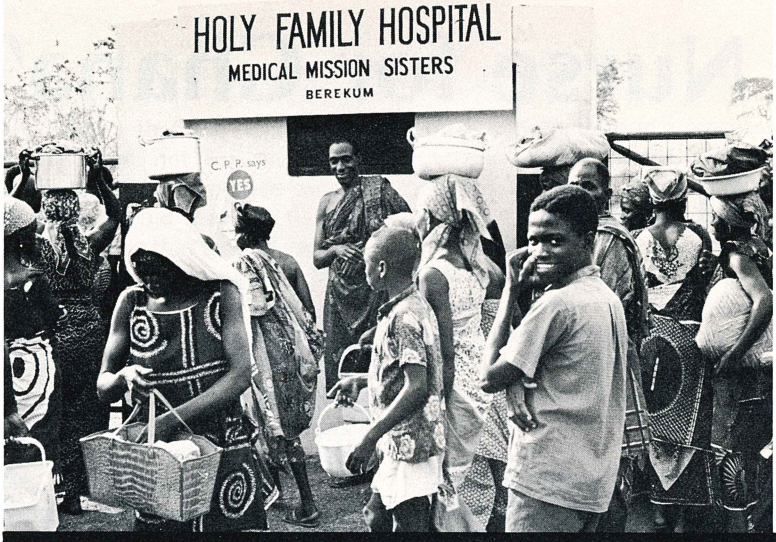
Once inside the Church Lwanga stayed at our side, singing as we sang, with full heart and soul. How the offeratory prayer rang out, "In the simplicity of my heart I have offered all these things and have seen with great joy thy people who are here present." The people were, indeed, present. The Church was packed and it took us almost ten minutes to return to our place after Holy Communion.

Mass was coming to an end. A young Deacon turned to sing the "Ite Missa Est." Lwanga, his whole body seeming to respond a "Deo Gratias" leaned over and whispered to us, "He is my son." It was the perfect ending to Lwanga's story, a story of Faith like that of the Ugandan martyrs which lives on in new hearts today.

A Nurse for Ghana's Future

Meet Miss Elizabeth Agyei, one of Ghana's nurse leaders, with as much potential for the future as her young country. As she stands, poised and ready for action, she exemplifies long strides in the nursing profession since the day in 1899—65 years ago—when the first British nurse arrived in Accra (then the Gold Coast) to take up her professional work. "To help my own people, this is my real aim in being a nurse."




HOLY FAMILY HOSPITAL
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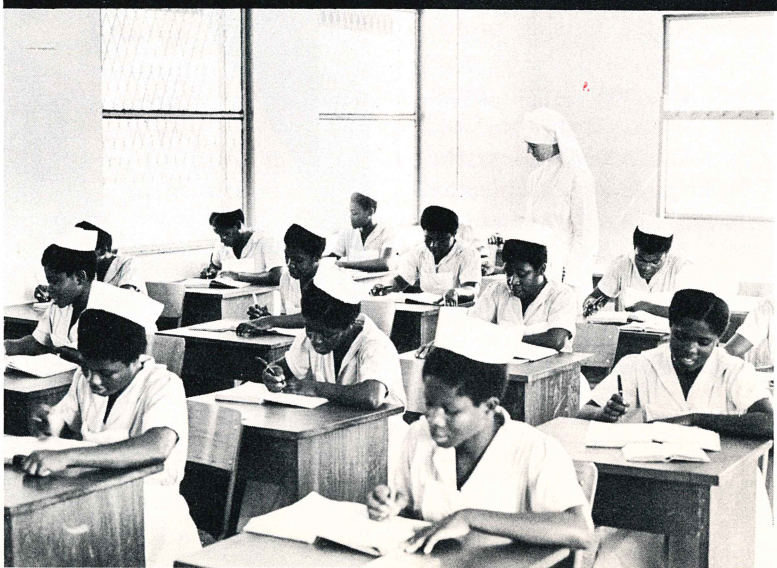
C.P.P. says
YES



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Nurses training meant many things for Miss Agyei—meeting new friends, long hours in the classroom, demonstrations and techniques. Actually, it was only in 1945 that the first legislation for the standardization of nurses training in the Gold Coast was passed. Independence, which occurred just one year before Miss Agyei determined to become a nurse, gave a new impetus to young women to move into professional fields. Now there are twenty schools of nursing, both government and private, in Ghana.

left

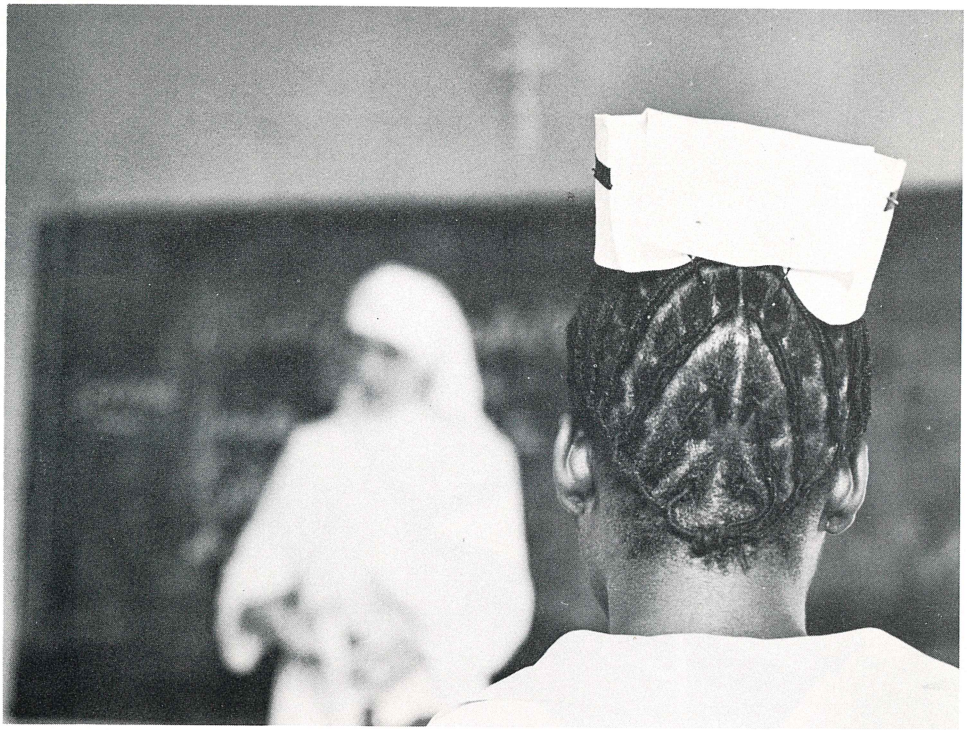
Miss Agyei entered the gate of Holy Family Hospital, Berekum, to begin her nursing career when she was just seventeen, after she had completed middle school and passed the entrance exam satisfactorily. Berekum was over 100 miles from her hometown of Konongo, and it took real courage for a young girl to pick up and leave home. However, to be a professional nurse was her one great desire, ever since, as a youngster, she had visited a hospital in Kumasi and had seen nurses in action for the first time.

above

Probie days went quickly. Miss Agyei receives her cap, symbol the world over, of service in the nursing profession.

Not everything was hard work for Miss Agyei during her training days. Dancing, playing the drums, fun in the dining room were all part of student life. "The hospital is really 'home' for me," Miss Agyei said. The Sisters at Holy Family Hospital had worked hard to create this atmosphere from the very beginning of the training program in 1954.

Miss Agyei is grateful for the stripe on her cap, sign that she is a graduate nurse. She is grateful that the Ghana Registered Nurses Association, organized in 1960, has recognized her as a professional woman and welcomed her as a member. This group has as its main objective to advance the interests of nursing and to maintain a strict standard of professional ethics. But most of all, she says, "I am grateful to God to know the true religion." During her stay at Holy Family, she had become a member not only of the Nursing profession, but of the Catholic Church.



Miss Agyei is presently enrolled at Holy Family Hospital's School of Nurse-Midwifery. Responding to an obvious need, she wants to help mothers and babies in a special way. In one year she will have achieved her goal. What of the future? "I will work here for some time, then I will see."

✝ R.I.P.

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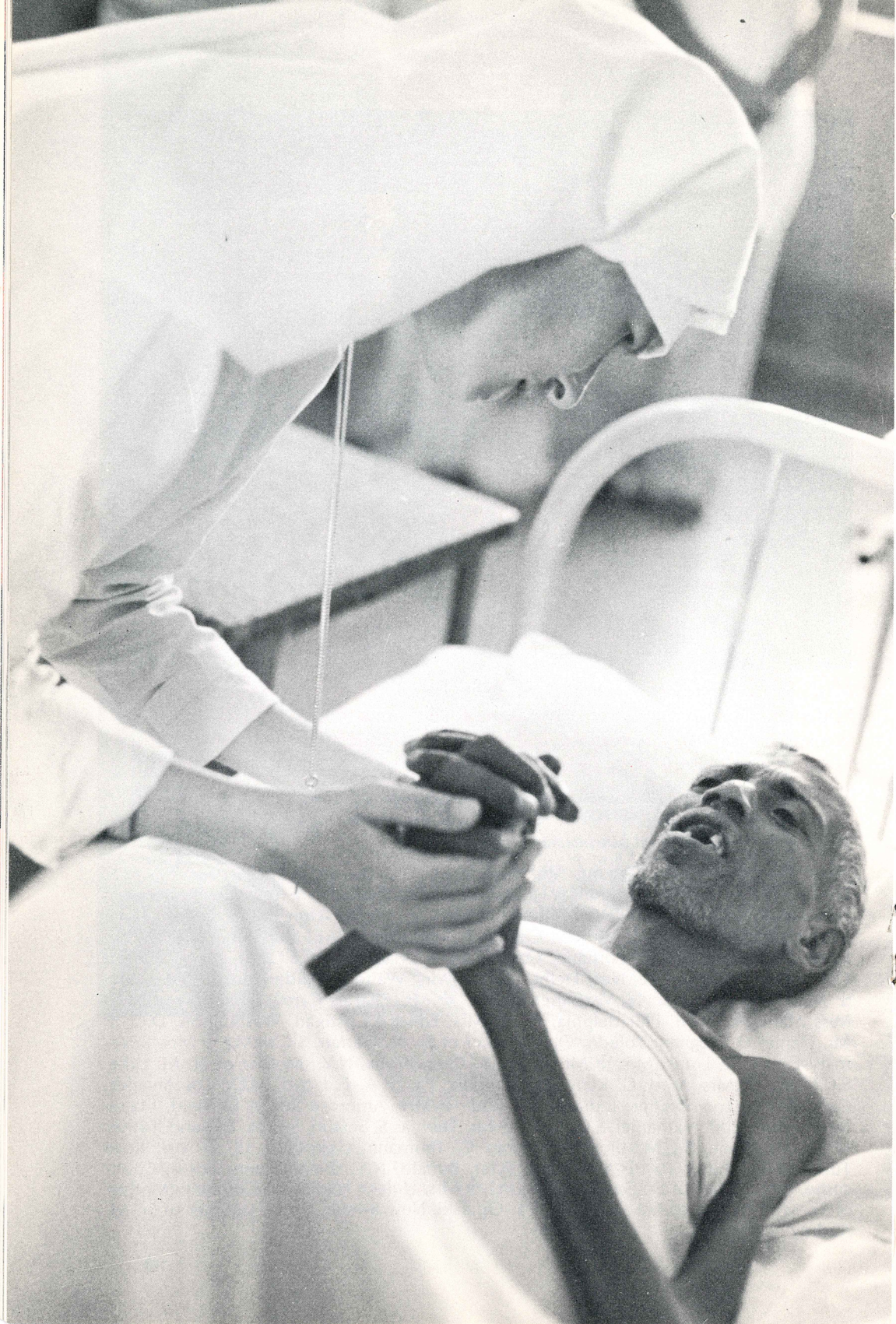


WITNESS...

One who has met Christ and who is perceptibly marked by the experience.

One who opens herself and lets the holy, healing and universal quality of His love be felt by all.

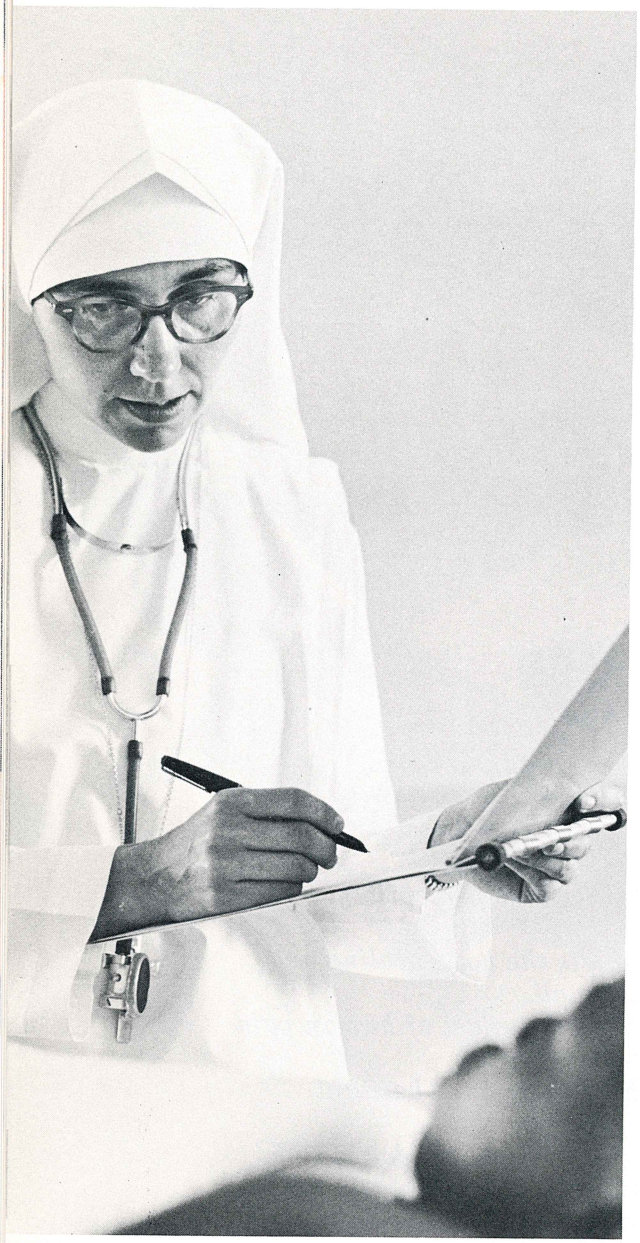
One who stands for Christ in the midst of human pain and perplexity, to lift these burdens.

One who encourages the hope behind the hesitant groping of another.

One who extends compassion without condescension, service without need for appreciation, because her power to love is the gift of the Risen Lord in her.

A Medical Practice

By Sister M. Gregory, M.D.



An endless variety of patients and diseases make ward rounds in Uganda unusually interesting for Sister M. Gregory, M.D.

Comparing a medical practice in Uganda with what any of my former medical school colleagues might be enjoying in the U.S., requires a brief introduction to this country and people.

Uganda, the "pearl of Africa" as Winston Churchill once called it, is a land of beautiful scenery, rolling green hillsides and peaceful lakes; the home of six million people of proud Bantu stock, a normally quiet reserved people.

The country is mainly an agricultural one. By custom the people live in their isolated individual plantations. In some parts of the country there are still large tracts of untilled land. This means that a doctor serves a scattered population stretched over a large area. Distance and travel difficulties are two major problems to contend with.

Medical practice here in Uganda is connected with a hospital, and as in any hospital, each day begins with that familiar task called "ward rounds." But here because of the shortage of doctors, each one must be responsible for several categories of patients. This only serves to make the work more interesting. There is a high percentage of tropical diseases as would be expected; some respiratory and gastrointestinal disease; perhaps not as much cardiac disease as in the States; the usual and the rare in surgical cases; and some tumors. A doctor here has to be a medical "jack of all trades".

By far the sickest patients are the children. Gastroenteritis in acute dehydration; children with pertussis in cardiac failure; to say nothing of the

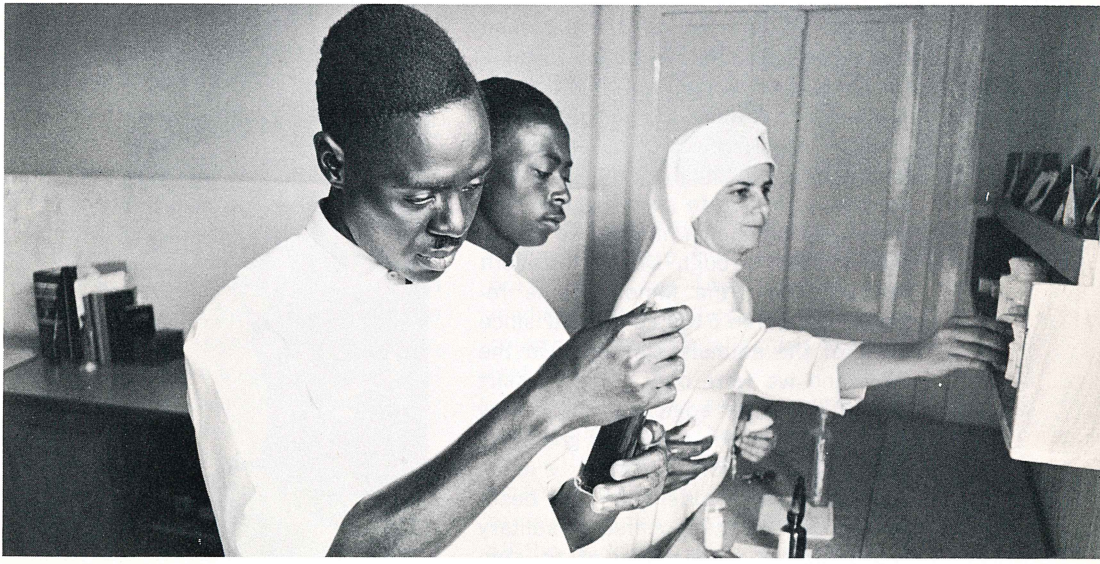
in Uganda

havoc wrought by anemias and all the parasitic diseases. The small ones come in apathetic and irritable but once they are better, it is difficult to recognize them, they are so affable and cheerful.

As a rule there are so many patients to see each day that is often only possible to hit the high points. However you get to know the people and become familiar with the local syndromes and patterns of diseases, diagnosis is usually fairly simple. Good laboratory and X-ray departments in our Holy Family Hospital help to confirm impressions.

Of course patients are always very interested in their own disease. It is a personal thing, something to talk about at home with friends on many a long summer night. My patients want to know how their blood is and what the report reads on those specimens that were collected yesterday. They believe that an X-ray machine can give the answer or a cure for every disease. Just push the button and "presto" you have the answer. Intestinal parasites are accepted as a part of existence and everything, literally everything, is blamed on the "enjoka" (worms).

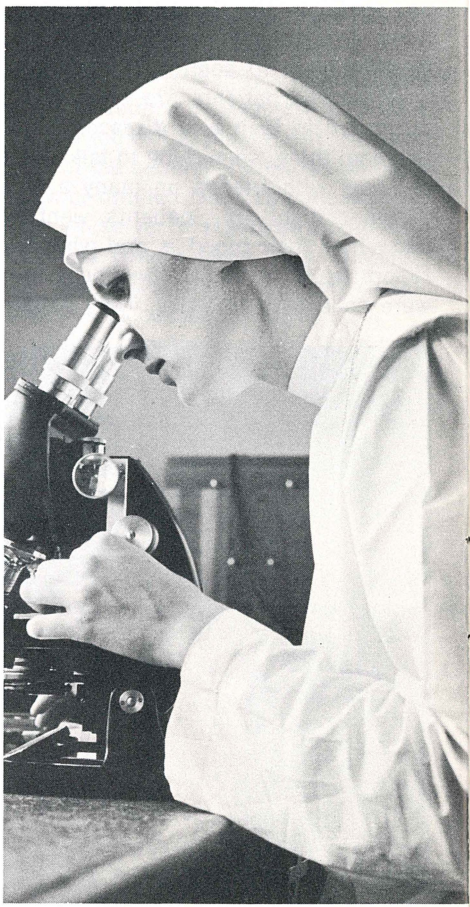
Getting the people to understand that feeling a bit better does not necessarily mean you are cured, is no small challenge. As soon as they feel just a trifle improved, they think they are ready for discharge. It takes a lot of patience and reasoning to make them change their minds. To convince a family of the necessity of admission to the hospital or of an operation is no easier. But when the patient passes the crisis, the relationship between the doctor and the relatives does the same. The doctor wins a confidence and admiration that cannot be measured in words.



The assistants trained by Sister M. Philip work together with her in Holy Family Hospital's busy pharmacy.

Sister M. Gregory stops at the nursing station for a look at the chart and a report from Sister Jude Marie, R.N., on the progress of a patient.

Recently, we had an old man in called "Paulo", one of the last witch doctors in the area. We had seen him many times in the town. You couldn't miss him for from the left jaw hung a large tumor. Shortly before his admission, he had become a Christian and had had to burn all his fetishes. Rumor had it that he had turned his tumor to his own use in his former business. He came seeking relief when the tumor began to suddenly increase in size and become painful. Surgery was his only hope but he was in mortal fear of his life, having been told several times previously at other hospitals that he would die if ever this growth was removed. The tumor was huge and dragged down the entire left side of his face and mouth making his speech almost unintelligible. He slept at night with his hands around it holding up some of the weight in an effort to relieve the pain. We prepared him for surgery, a four hour job, that left us all exhausted. After the operation Paulo returned to his bed in the ward a few pounds lighter than before surgery—the tumor weighed eight pounds, five ounces. That night when the wards were checked he lay with his hands cupped under his chin holding the tumor that was no longer there.



Sometimes our patients are so isolated, back in the hills, that the only solution is for us to go bring them in. One night, on such a mission we had to take a road through Queen Elizabeth National Park, the famous game reserve. We weren't too concerned since most of the animals stay deep in the Park and we were only going to skirt one of the outer edges. It was a very dark night but the road was good. We were traveling along about sixty miles an hour when suddenly in the beam of the car lights appeared a solitary hippopotamus. We managed to stop

Good laboratory facilities at Holy Family Hospital, Uganda, verify clinical impressions and facilitate diagnosis. The medical staff appreciates the indispensable work of Sister M. Darrah and the assistants she trains.

about fifteen feet away from it and Mr. Hippo backed off the road. Thereafter, we proceeded with a bit more caution meeting another two groups of hippos before we reached the hospital with our patient. I daresay that none of my colleagues have yet met a hippo while on a house call!

Several times each week, in an effort to meet the public health problem of the area, we pack our landrover with medical supplies and travel to outlying posts. On these "safaris" we see our people in their own surroundings and many of their socio-economic problems become so much more understandable.

One of the safaris is to a valley called Bwamba, 50 miles westward on a torturous mountain road. About 65,000 people live in this area. There is no resident doctor or hospital. It doesn't take much imagination to realize that a trip over this road, the only exit from the valley, by a woman in obstructed labor would add neither to the chances of the mother nor the baby. The people are known as Baambas. They have a mixture of pygmoid stock in them, making them small and short of stature. They are reputed to have the highest incidence of sickle cell trait in the world (40%). This together with a very high percentage of chronic malaria makes for rampant anemia and a high infant and child mortality rate.

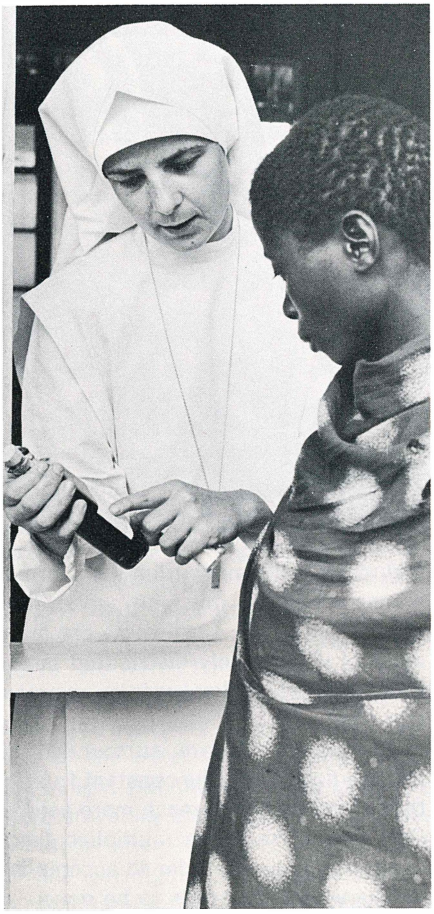
Another group of safaris is to the south, to the Bakonjo people who live in the Ruwenzori mountains, again 65,000 people without a doctor or a hospital. They seem to be a hardy, stocky group from a cursory glance but with a high incidence of respiratory and bony tuberculosis.

About thirty miles to the southeast of the hospital the main bulk of the Watutsi refugees from Ruanda, about 25,000 people in all, have settled in a plain area many miles from their former homes. They too must be serviced by our medical trips. Until there are more medical units evenly distributed in the country these medical safaris answer a real need.

This mother and child in Bwamba wait their turn to receive medicine prescribed by Sister M. Gregory for them. Miss Alba Camargo, R.N., who is administering treatments in the background, is one of four members of the "Women Volunteers Association" who work with us in Uganda.

Everywhere we are surrounded by real medical need. The constant frustration is that you can't reach more people. One would like to be multiplied twice or several times in order to accomplish all the work that needs to be done.

Traffic is of a different kind on the road that leads to Bwamba, cows not cars!

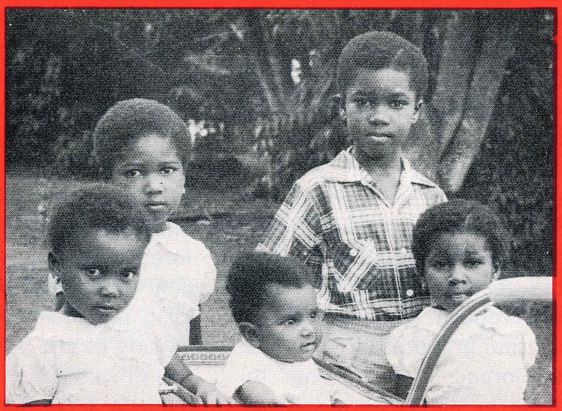


Sister M. Philip explains directions on the label to a young out-patient at the pharmacy window.

Sorrows, there are many due mostly to ignorance and circumstances—people who come when it's too late to accomplish anything, though everything is tried, deaths that could have been prevented had the children been immunized. How often when we ask, "Why didn't you come sooner", we receive the answer: "We had no transport; or the child's father was not at home (nothing is ever done without the father's consent); or we didn't know it was so serious."

But there are joys too, the sense of accomplishment in getting a patient over a critical illness, the gratitude of parents and relatives when their patient is well and ready to go home, many times manifested by the gift of a fowl or farm produce, the pleasure of recognizing patients you've treated when you are out in some remote village or safari, and of being recognized and greeted by them in return! It is a real joy to feel yourself becoming one with the people, and to know that in your small way you are helping to prepare them to better take their position among the nations of the world. These and many more joys are the reward of a medical practice in Uganda.

THE LAASTS



NOT THE LEAST OF GHANAIAN LEADERS

By Sister M. Paula

Mrs. Laast came to the hospital to register as a pre-natal patient. She came with her husband and four children. John, the oldest was five, Grace, four, and the twins, Rebecca and Wilhemina, two years old, all beautiful, well mannered, confident children in a well-knit Ghanian family. Since then we have come to know them well.

The Laasts were living in Sunyani at the time of their first visit, a town twenty miles from Holy Family Hospital, Berekum. Originally, they hailed from the coast. Mr. William Laast is a Fanti, a tribe in the western coastal region of Ghana. His European surname comes from his paternal grandfather who was Dutch. Mrs. Florence Laast belongs to the Akim tribe in the eastern coastal region, who were among the first to meet Christianity.

Both of them attended college and university in England. Both are teachers by profession. They met when he was District Officer of Education in the Cape Coast area. She was a Presbyterian at the time, but became a Catholic before her marriage. After they were married, Mrs. Laast continued teaching but her husband transferred to the ministry of Social Welfare and Community Development.

Mr. Laast's job is to promote community development projects in the villages. There are endless possibilities for self-help projects in the small villages. Already communal effort has accomplished much. There are new roads, cocoa sheds, post offices, community centers, drainage systems and schoolhouses built or being built or needing to be built. Assessing needs and organizing plans to meet them, takes Mr. Laast to some of the remotest villages in the Region. In his spare time he directs the parish choir and plays the organ.

In whatever project her husband undertakes, Mrs. Laast is keenly interested. Womanly tact shows in the way she encourages her husband to take the lead in conversations. But at the same time she knows how to participate readily in discussions on any topic he may bring up.

When she came to register as a prenatal patient, Mrs. Laast was a teacher in a new experimental school in Sunyani for Ghanaian children of government officials. She had wanted to resign before registering with us, but the President of Ghana, in Sunyani on a State visit, personally had asked her to stay as long as she possibly could. As usual, she proved generous in doing the maximum to serve her country.

As a patient, we found Mrs. Laast most cooperative. She came regularly for her check-ups. When her expected date of confinement arrived she came promptly for admission. As anticipated, she had an easy, safe delivery. William Junior was a sturdy, little baby, and looked just like his father.

It meant so much to our students to meet a woman of Mrs. Laast's caliber, a woman who came from a tribe and clan like theirs and who as wife, mother, teacher and citizen had achieved so much. Their special attentions, and gifts of flowers and "sweet-chop" or treats, showed what was pretty obvious anyway—that they liked her.

Some of the students visited the Laasts afterward in their home, modern, but at the same time Ghanaian. They saw in this family the typical Ghanaian qualities of charm, warmth, humor, outgoingness and gratitude at their best. They saw here also, some for the first time, a real Christian family unit; father, mother and children, all living together under the same roof. This was so different from the polygamy and complex

families most of them grew up in. For in spite of the trend toward monogamous marriage among the younger generation of educated Ghanaians, the leaven of good example is still quite scarce.

What impressed the students most, was the way the Laast family appreciated and kept their own good, Ghanaian customs and coupled them harmoniously with the best of the Christian West. This could not help but encourage our students in their own personal search for a synthesis between the old and the new.

A good example of this is the way William Junior was welcomed into the Kingdom of God and the world of Ghana respectively, by his Christening and the customary "Outdooring" ceremony. The Sisters and the students were invited for the occasion. Mrs. Laast had a beautiful, long baptismal robe prepared, with the dates embroidered on it. Everything, including the tea afterwards, was lovely.

The "Outdooring" takes place on the eighth day after birth. The child makes his debut and receives a name, automatically the name of the day he is born, "Kwaku" for Wednesday, in William Junior's case. His complete name, William Kwaku Laast is the product of the two ceremonies, the first name received at Baptism, the second, at the "Outdooring" ceremony. The two can be used interchangeably.

In the course of the ceremony the child is brought out before all the relatives, members of the clan and friends so they can see him and acknowledge that he is indeed a person and not just a capricious spirit. The idea goes back to the days, not long ago, when few babies lived beyond the first days after birth, not because they were spirits, but rather because they were defenseless victims of birth injuries, tetanus, pneumonias and a hundred and one other death-dealing diseases. If Junior survived all that, he certainly deserved his big welcome into the clan, and all the nice gifts. The custom is full of respect for mother and infant, and the Laasts used it well to further harmony in the clan.

A few months after William was born, the Laasts came to visit, and presented us with a gift. This is the custom here after someone has helped someone else. It is usually fruit, fowl, produce, eggs or a sheep. Imagine our surprise and delight when this time it turned out to be a set of white vestments! Mr. & Mrs. Laast asked us to pray that Our Blessed Mother would help and guide them in rearing their children as good Catholics. We are sure that She will watch over this family in a special way.

The Laasts are surely not the least among real Christian leaders whom we have met in the new Ghana emerging around us.

YOUR WILL +

Your will can help the Medical Mission Sisters bring Christlike charity through their medical work to areas of greatest need around the world. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $_____ for its purposes,"

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.

KOKOFU PREPARES THEM

By Sister M. Francis, M.D.

I went over to visit our school the other morning, a small school for the children admitted with leprosy here in Kokofu. It is conducted by one of the patients. I had heard that some of the women who were too sick to work on the farm had asked to spend their time in school. So, although the adults usually attend night classes where they learn to read and write Twi and later on English, we thought it a good way for these women to use their time.

As I went toward the school building, I saw these older women seated against the wall up in front of the classroom. There was Lucy, a woman in her late thirties absorbed in writing the alphabet. Beside her was Amma, a younger woman in her twenties and also two girls in their late teens, Akua and Safula. To see them was to know that school was something serious and very important in their lives. The small school boys could play if they wished after the manner of school boys all over the world, but these four were striving hard to get the most out of this opportunity to learn.

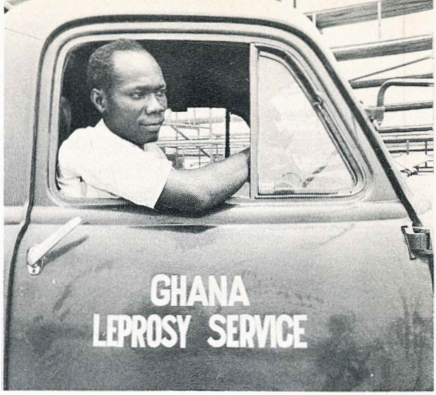
One doesn't think of a Leprosarium as a School for Leadership, and yet, in its small way it truly is. The patients with contagious disease stay varying periods up to five or six years. It is important not to let those years be wasted years, particularly in the case of the younger patients. If the patient can leave the settlement with the disease arrested and showing no residual marks and, in addition, have a trade or skill, then he easily and quickly again becomes a part of the normal village life. If, over and above this, he is able to read or write his own tongue, he has a certain prestige. If it happens he can also speak, read or write a little English he becomes important, indeed!

Lucy has been very sick. Now she is better and is consumed with the desire to learn all she can before she is discharged. She is quiet but can be the life of the party. One evening the victrola was playing and the best dancer on the floor was Lucy. On another Sunday, we had visitors who brought the patients some fruit and cookies, etc. Several of the patients told of how they happened to come to Kokofu, and Lucy was one who spoke very well.

Akua, one of the teenagers, was sent to us by the Leprosy Control Assistant from her village in North Ghana to receive special treatment. Her reddish leprosy patch covered the whole left side of her face and involved her left ear. With only the routine treatment available in the out-patient clinics in North Ghana, she was beginning to get further involvement of the left facial nerve. When she smiled an early facial paralysis was evident. Her eye was swollen nearly shut and her upper lip was also badly swollen. The Leprosy Control Assistant who had been well instructed in the use of the drug he was dispensing persuaded her mother and father to send her to Kokofu.

Now, a year later, her face is normal except for a slight swelling in the upper eyelid. The paralysis is gone and she has a delightful shy smile. The difference in the color of her two cheeks is only barely noticeable. There is every hope she will return home without any visible sign of the disease. In addition, she has spent a year in school and can read and write. She has learned to crochet and has been exposed to a much more hygienic environment than that in which she had been living. She will make a better wife and mother because of what she has learned and will be influential in raising the standards of her village.

Abena, a very pretty woman who has been trained as a Ward Aide to help in the Woman's Ward, is nearly ready to go home. When she came she was a seamstress and had her own sewing



Leprosy Control Assistants, are trained for real responsibility and leadership in the service of their people.

machine on which she sometimes made dresses for herself or some others. Still, the other day she surprised me by saying, "My, when I go home I will be able to do so many things. I know how to take a temperature, and read a thermometer. I can make a proper bed and take care of a sick person. Besides, I have learned to knit and crochet. Also I can write numbers and speak and write a little English." Obviously, she was well pleased with herself. Abena is by nature a leader and her new skills will add to the influence she will have. Her disease is arrested with only a small deformity in the toes of one foot. This latter will not be noticed when she wears shoes as more and more people do nowadays. She will travel and no one will ever know she has been sick. And as she has "know-how" in addition to her inborn good sense and dependability she will exert influence.

Then, there are the men-patients who have learned to be house-painters and the men who have learned to sew and to do simple tailoring. It isn't much perhaps when it is put alongside the skills of engineers and scientists but it is a step forward which puts the individual out in front of the many unskilled workers.

Among the healthy staff members who have profited by their years of work in the Leprosarium we could mention Emmanuel who has been taught some of the skills of a laboratory technician. He is able to do blood counts, simple urine and stool examinations. He knows how to take specimens stain and read the slides for the leprosy bacillus and those for onchocerciasis, schistosomiasis and malaria. He has a simple knowledge of the causes of a number of the common tropical diseases and can speak quite convincingly on the subject. Although, he may still keep some of the traditional ideas of sickness and its treatment he has absorbed many of the scientific aspects of diseases current and can help his people in simple ways.

Also among the junior staff members who are developing leadership potentialities are those who work in the outpatient leprosy clinics. During their period of study as Pupil Leprosy Control Assistants, these young men learn a sense of responsibility for their fellowmen. They learn to direct others in a small way, to make minor decisions, to be accurate in their work, to keep small accounts of money. Gradually their sphere of jurisdiction enlarges, as they are promoted to Leprosy Control Assistants. This year, one of the Leprosy Control Assistants was promoted to be Assistant Leprosy Control Officer and he will assume in large measure the work and responsibility of the British Leprosy Control Officer who has directed the work heretofore. In his new position, he will supervise three assistants under him and also all the isolated clinics for which the Regional Leprosy Organization is responsible.

This new step means that the entire staff is now Ghanaian with the exception of the Sisters. In the course of time, they too, will be replaced. They are well aware that along with the important task of transmitting knowledge must go, hand in hand, the formation of leaders. Only when the Ghanaians can competently take over our tasks can we say that we have done our best for those whom we came to serve.

NEWS FROM OUR HOUSES

INDIA

Language Difficulties

In the Out-Patient Department I get plenty of practice in speaking Hindi. Some of the out-patients come to Pharmacy and with the intention of getting medicine free, they start relating their sad stories. Now, I can make out a little bit of what they are trying to say and I can utter some phrases. I am an expert in saying "take one tablet in the morning, one in the afternoon, and one in the evening. Yes, with water. Cold water. After meals. Big spoon. You can eat anything, etc." I think they have a standard questionnaire. They seem to ask the same questions. Some well-to-do patients who speak English seem to enjoy watching me struggle through my Hindi. Pediatrics ward is also a good place to practice Hindi with the children and their parents.

Sister M. Fidelis, B.S. Pharm.
Holy Family Hospital, New Delhi

PAKISTAN

We went to the first flower show they had in Ayub Park a few weeks back. It was the first of its kind and many of the middle and upper class people went. The only drawback was the heat of the day which wilted many of the unprotected flowers They had flowers from all over East and West Pakistan and some arrangements of cut flowers which had been done by a girls school for which prizes were being given.

These people are very polite and often too much so! Today we had a young 19 year old boy who had an accident on a scooter. He was pretty sick and visitors had been limited. It seems a custom of the people (especially if they're well-to-do) to come and pay their respects and "present" themselves to the sick person. Well, just droves of people poured in along with all his classmates. I politely explained NO VISITORS! Had a sign made in Urdu

and English to that effect but to no avail! It got to the point where I would put on my sternest face and almost throw them out bodily! To all this they would smile and calmly and politely say —"Yes, Sister, all right, Sister, we will go now", and as soon as your back was turned they were in the room again! Some of the boys to whom I would knock myself out explaining how sick he was would agree with me and five minutes later I'd find them in the room. It sure was a merry-go-round that week!

Sister M. Mark
Holy Family Hospital, Pindi

INDIA

Home Delivery

Holy Family Hospital is busy as a beehive. Last night I was called for a home delivery. The patient in a nearby village had a baby girl—four and one half pounds. There were three small brothers and sisters. In between time, we had the greatest fun with them. This was a Catholic family, so while waiting for baby's arrival the big brother acted as priest and they performed a dialogue Mass for us. After singing the "Gloria" the brother said, "Dominus Vobiscum." The chorus answered, "The new baby has come!"—and the "faithful" dispersed. Later, each came and gave the new arrival a big hug.

Sister M. Carmela
Holy Family Hospital, Patna

INDIA

"Let's Dance"

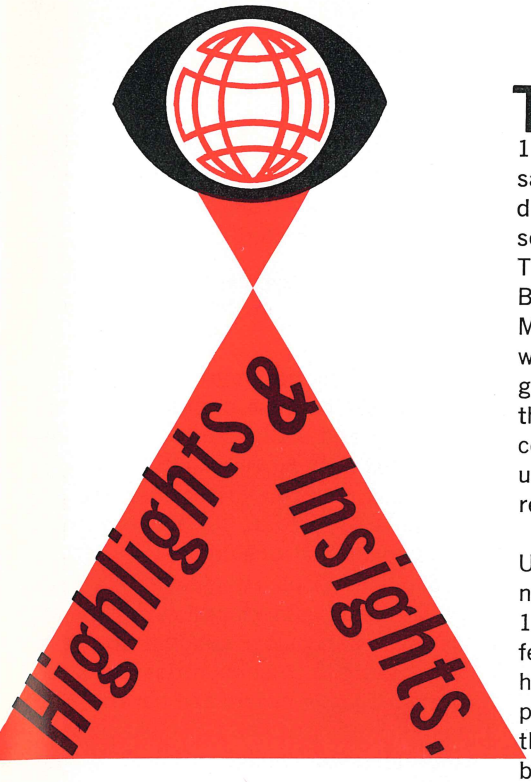
A grateful patient came yesterday—a nine year old South Indian girl, a student at one of the local schools. Her father is chief chemist at an oil refinery. She came to the hospital some time ago with a severed tendon in her big toe. I was distressed when I examined her since she was learning to dance and had such high hopes of becoming a professional. Yesterday she came to demonstrate to all that the tendon repair was perfect. She did several dances for us. One was quite intricate for a nine year old. All of them required quite a bit of fancy foot-work. It was a wonderful "thank you."

Sister M. Frederic, M.D.
Holy Family Hospital, Patna

✝ ✝ ✝

Sister Jean Marie Everett who celebrated her Silver Jubilee in the Society on August 15th, died on September 2nd in Philadelphia, after a brief illness. She was fifty-one years old.

Sister Jean Marie was born in Cranston, Rhode Island, and entered the Society in 1937. She spent her entire religious life at the Society's headquarters, performing many services in a quiet, simple way. May she rest in peace.



Asia's developing countries have received almost $19 million in the past five years from the West German Catholic Misereor Fund for social, medical, technical and agricultural projects. Msgr. Charles H. Vath, Far East representative of the Fund explained the purposes of the assistance: "Misereor aid is intended . . . solely to provide well-planned charity based on a form of cooperation between partners . . . The personal dignity of the recipient is a primary consideration of our program whose main emphasis is on long range help in the building of such institutions as hospitals, and clinics, the financing of such self-help projects as cooperatives, social centers and community projects, and the establishment of vocational training institutions and the aiding of agricultural projects."

N.C.W.C. NEWSNOTES, March, 1964

The twenty-two Martyrs of Uganda who died for their Faith in the 1880's will become the first African saints from the south of the Sahara, during the Ecumenical Council's third session, on Mission Sunday October 18. This news was announced by Rev. John Bell, W.F. director of the Uganda Martyrs Center in Washington, D.C., who declared that the Sacred Congregation of Rites had sent official word that its medical commission had accepted as miraculous two cures attributed to the Martyrs. The Church requires two miracles for canonization.

The twenty-two Blessed Martyrs of Uganda, most of them in their teens and newly baptized, were killed between 1885 and 1886 because King Mwanga feared the new religion was supplanting his authority. Despising the riches and pleasures of this world, they endured the most cruel torments and were burned to death, making the heroic sacrifice of their young lives in order to keep their Faith and to remain in the love and friendship of God. Their blood is bearing fruit today: of Uganda's 6,536,616 people, 1,800,000 are Catholics or 30.5% of the population.

The formal proclamation of sainthood will take place during the Council to enable the bishops of Africa to attend the ceremony without extra expense.

The current reality of the missioner's life is far broader and more arresting than the pat definition and images of three, or thirty decades ago. The entire manner of "locating" the missioner has changed because the notion of the mission of the Church has changed, in some instances radically.

The missioner still employs such direct evangelical techniques as the ministering of sacraments, the construction

of churches, schools, clinics, convents and seminaries. But the purely pastoral approach (too often purely clerical) has deepened so as to embrace social and economic, cultural and anthropological structures.

There are a multitude of reasons for this, I'm sure, all over the world. But in Latin America, it comes down to this: necessity. The continent and her people are embroiled in massive problems, and the Church must think and act in terms of massive solutions.

By all means, let us baptize the half-starved children of a Lima slum family; and let us teach them catechism and prepare them for the sacramental life. But perhaps first in the order of evangelical priority let us also help find the reasons why they are starving and why they live in wretched slums. And then let us break the complex, vicious circle that keeps over 100 million of our Latin brothers illiterate, disease-ridden, hungry and without hope.

This means that the missioner of today must involve himself in such endeavors as community development, labor unions, adult education, credit co-ops, medical aid and mass media. Through such structural programs dispossessed Latin families can transform, sooner than many predict, their slums and their pueblos into habitable communities; communities where there is work and education, stable government and just wages, hospitals, electricity, water, clothing and food. In a word, communities where there is that human life without which all sacramental life tends to remain sterile.

Rev. Joseph Michenfelder, M.M.
AVE MARIA, March 12, 1964

The foreign aid program engages my interest because both as a political observer and a Christian, I deeply believe that nothing else we do in foreign affairs is more important than the assistance we provide for the economic development of the poorer countries. From a religious standpoint, we have an unquestionable moral obligation to devote a part of our national wealth to help people in other countries break out of their age-old misery and poverty. The toil-worn peasant, the sick child covered with flies, the hungry villager in the dirty, dung-caked street, each of them is my brother or sister, and yours. From a political standpoint, we can never achieve the peaceful, lawful world for which we strive if more than half our neighbors are alternately convulsed by anger or despair because of sheer material deprivation.

William Shannon, COMMONWEAL
May 1, 1964

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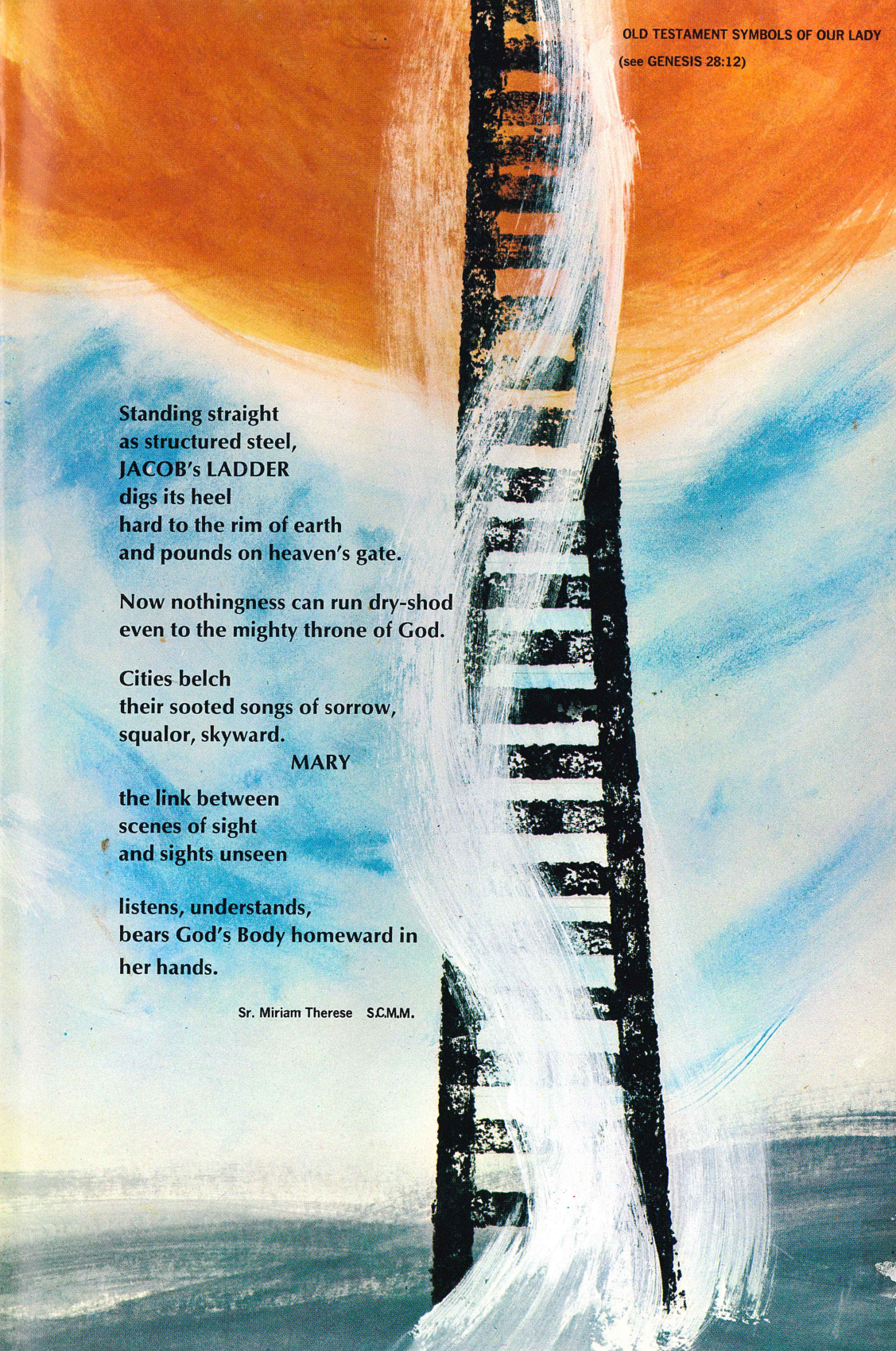

OLD TESTAMENT SYMBOLS OF OUR LADY
(see GENESIS 28:12)

Standing straight
as structured steel,
JACOB's LADDER
digs its heel
hard to the rim of earth
and pounds on heaven's gate.

Now nothingness can run dry-shod
even to the mighty throne of God.

Cities belch
their sooted songs of sorrow,
squalor, skyward.
MARY
the link between
scenes of sight
and sights unseen

listens, understands,
bears God's Body homeward in
her hands.

Sr. Miriam Therese S.C.M.M.

Good Grief!!!
Mrs Smith's subscription has run out! How will she ever Know that there is a desperate need for money to build a Nurses Training School in Fort Portal, Uganda.

Dear Sisters — I'll remind Mrs. Smith about her subscription & tell her you need a Nurses' Training School in Uganda, East Africa. In the meantime, please accept my $ _____

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Philadelphia 11, Pa.